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**SCULLY, SCOTT, MURPHY  
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**To:** Examiner: Paresh H. Patel  
**GROUP ART UNIT: 2829**  
(703) 872-9306

**From:** John S. Sensny, Esq.

**OFFICIAL**

**Fax:**

**Pages:** 21, including fax cover sheet

**Phone:**

**Date:** December 31, 2003

**Re:** Jeffrey A. Kash, et al.  
U.S. Serial No.: 10/072,486  
Docket: YOR920010267US1 (14440)

**cc:**

**AMENDMENT UNDER 37 C.F.R. §1.111**

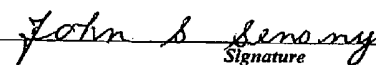
In connection with the above-identified patent application, transmitted herewith are:

1. Amendment Transmittal Letter (in duplicate)
2. Amendment under 37 C.F.R. §1.111
3. Certificate of Transmission By Facsimile, dated December 31, 2003 (in duplicate)

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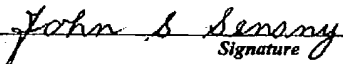
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>YOR920010267US1 (14440)</b>	
Applicant(s): <b>Jeffrey A. Kash, et al.</b>					
Serial No. <b>10/072,486</b>	Filing Date <b>February 7, 2002</b>	Examiner <b>Parresh H. Patel</b>	Group Art Unit <b>2829</b>		
Invention: <b>NONINVASIVE OPTICAL METHOD AND SYSTEM FOR INSPECTING OR TESTING CMOS CIRCUITS</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-0510/IBM</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: <b>December 31, 2003</b>		
<b>John S. Sensny</b> Registration No. <b>28,757</b>  <b>Scully, Scott, Murphy &amp; Presser</b> <b>400 Garden City Plaza</b> <b>Garden City, New York 11530</b> <b>(516) 742-4343</b>					
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">         I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.           _____          Signature of Person Mailing Correspondence           _____          Typed or Printed Name of Person Mailing Correspondence       </div>					
cc: JSS:jj					

P11LARGE/REV06



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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-0510/IBM</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 John S. Sensny Registration No. 28,757			Dated: <b>December 31, 2003</b>		
Scully, Scott, Murphy & Presser 400 Garden City Plaza Garden City, New York 11530 (516) 742-4343			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Correspondence		
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Jeffrey A. Kash, et al.

Examiner: Paresh H. Patel

Serial No: 10/072,486

Art Unit: 2829

Filed: February 7, 2002

Docket: YOR920010267US1 (14440)

For: NONINVASIVE OPTICAL  
METHOD AND SYSTEM FOR  
INSPECTING OR TESTING CMOS CIRCUITS

Dated: December 31, 2003

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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AMENDMENT UNDER 37 C.F.R. §1.111

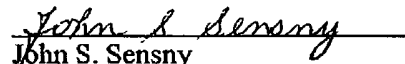
Sir:

In response to the Office Action dated October 2, 2003, please amend the  
subject patent application as follows.

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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the U.S.  
Patent and Trademark Office on the date shown below.

Dated: December 31, 2003  
John S. Sensny